

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/779,331

FILED DATE

APPLICANT(S)

107204 11/0/05

CLAIMS

	BEFORE		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
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50						
TOTAL IND.	24	0	24	0		
TOTAL DEP.	0		0			
TOTAL CLAIMS	24		24			

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.	0		0		0	
TOTAL DEP.						
TOTAL CLAIMS	0		0		0	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS